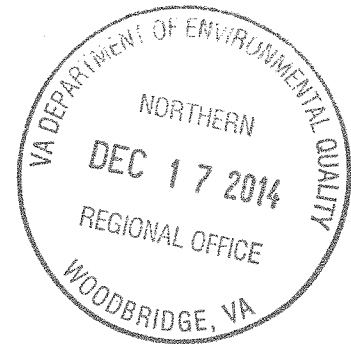




T. A. HOUSTON & ASSOCIATES LTD.
CONSULTING GEOLOGISTS-SOIL SCIENTISTS

P.O. BOX 891
CULPEPER, VIRGINIA 22701
540-825-6262
FAX 540-829-0225
December 15, 2014



DEQ-NRO
13901 CROWN COURT
WOODBIDGE, VIRGINIA 22193
ATTN: SUSAN D. MACKERT

**RE: RUFFIN CREEK PROPERTIES LLC
CULPEPER WOOD PRESERVERS
VPDES PERMIT # VA0090468**

Dear Ms. Mackert:

In accordance with your letter of October 31, 2014 enclosed is the following information concerning re-issuance of the VPDES permit on the above captioned facility.

1. Form 3510-1. 2 pages.
2. Form 3510-2F. 4 pages.
3. Site map Topo.
4. Site Map.
5. DMR summary for 2014
6. Monitoring well locations.
7. Google aerial of site.
8. VPDES Addendum.
9. Public notice authorization.

I would like to point out that we find the use of the e-DMR system redundant and we much prefer to utilize the hard copy for quarterly reports.

I trust the enclosures will be adequate for you to process the application. In the event you need additional information or if I can be of further assistance please do not hesitate to call.

Sincerely,

T. A. Houston, Jr.
President

CC: Mr. J. R. Daniel

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">S</td> <td style="width:85%;"></td> <td style="width:5%; text-align: center;">T/A</td> <td style="width:5%; text-align: center;">C</td> </tr> <tr> <td style="text-align: center;">F</td> <td>VA0000090468</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14 15</td> </tr> </table>	S		T/A	C	F	VA0000090468			1	2	13	14 15																																																																																		
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II. POLLUTANT CHARACTERISTICS																																																																																																	
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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	2	4	9	1	(specify) WOODPRESERVING					C	7					(specify)				
15	16	-	19			15	16	-	19							15	16	-	19		
C. THIRD										D. FOURTH											
C	7					(specify)					C	7					(specify)				
15	16	-	19			15	16	-	19							15	16	-	19		

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																			
C	8	R	U	F	F	I	N	C	R	E	E	K										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
15	16																				55	66							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)										D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)									
																				A (540) 371-5338									
																				15 16 - 18 19 - 21 22 - 26									

E. STREET OR P.O. BOX									
10229 TIDEWATER TRAIL									
26									

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B FREDERICKSBURG										VA		22408		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 16										40 41		42 47		51 52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18							15	16	17	18						
VA0000090468																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18							15	16	17	18						
										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18							15	16	17	18						
VA0000046698										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

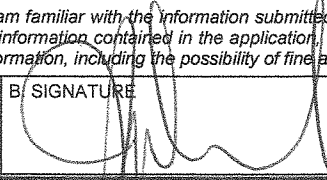
XII. NATURE OF BUSINESS (provide a brief description)

PRESSURE TREATING WOOD FACILITY:

DIMENSIONAL WHITE PINE LUMBER IS TREATED WITH A 1 % PERCENT SOLUTION OF MCA (MICRONIZED COPPER AZANOL) EPA REG #NO. PHIBROWOOD #11435-8-84661-4

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
JOSEPH R. DANIEL																				11/19/2014									

COMMENTS FOR OFFICIAL USE ONLY

C																				
15	16																			

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[illegible]

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IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	15 AC,	20 AC.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

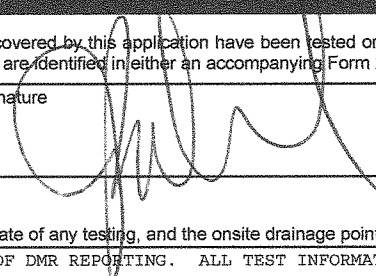
THE PRESSURE TREATING PROCESS THAT OCCURS ON SITE UTILIZES UNTREATED DIMENSIONAL LUMBER WHICH IS SORTED AND STACKED TO FIT THE PRESSURE TREATMENT VESSEL. A VACUUM IS APPLIED AND THE CYLINDER IS FLOODED WITH A 1% SOLUTION OF MCA (MICRONIZED COPPER AZENOL). THE CYLINDER IS VACUUMED AND THE WOOD REMOVED. THE TREATED WOOD IS PLACED ON THE DRIP PAD UNTILL DRIPPAGE IF ANY HAS CEASED. THE TREATED LUMBER IS STORED ON A 3.5 AC. PORTION OF THE PAVED LOT PRIOR TO SHIPMENT.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
JOSEPH R. DANIEL		12/19/14

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

ATTACHED IS A SUMMARY OF THE LAST YEAR OF DMR REPORTING. ALL TEST INFORMATION IS RECORDED IN THE EDMR SYSTEM MAINTAINED BY DEQ.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NONE

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VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

48 HOUR STATIC ACUTE USING C. DUBIA AND P. PROMELAS LC-50>100% <1.0 % ALL TEST PASSED ACCORDING TO COASTAL BIO ASSY. ALL INFORMATION IS ON FILE AT DEQ-NRO.

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

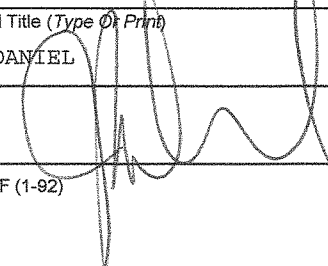
☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
ENVIRONMENTAL SERVIC SYSTEMS INC.	P.O. BOX 520 CULPEPER, VA 22701	540-825-6660	CU, CR, AS, N, HARDNESS,
COSTAL BIO. INC	6400 ENTERPRIZE CT. GLOUCESTER, VA 23061	804-694-8285	TOXICITY TEST.

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type or Print) JOSEPH R. DANIEL	B. Area Code and Phone No. (540) 825-5898
C. Signature 	D. Date Signed 12/19/2014

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

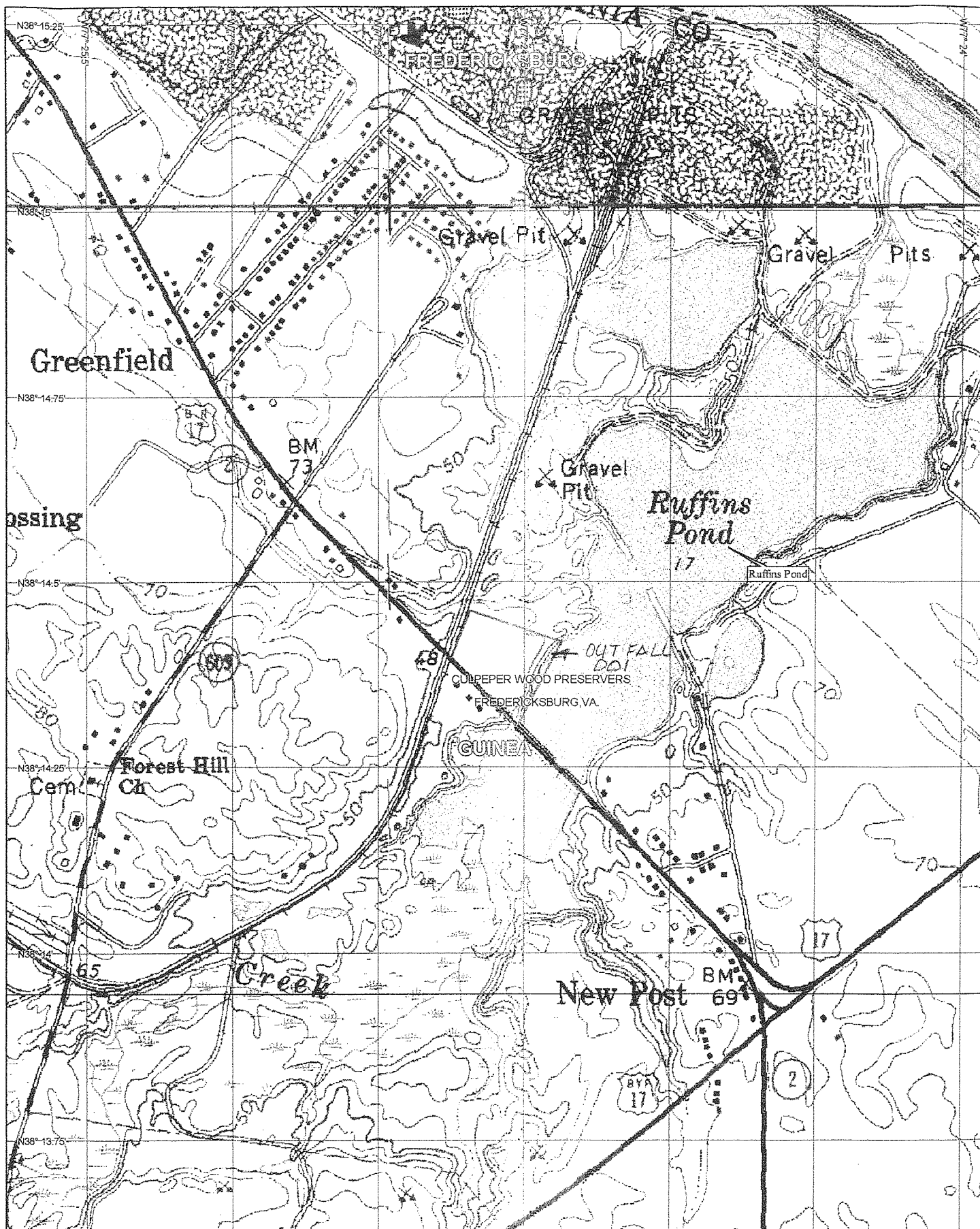
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Camp
Ruffin Creek

[illegible]

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
SEE QUARTERLY DMR DATA SUMMARY					

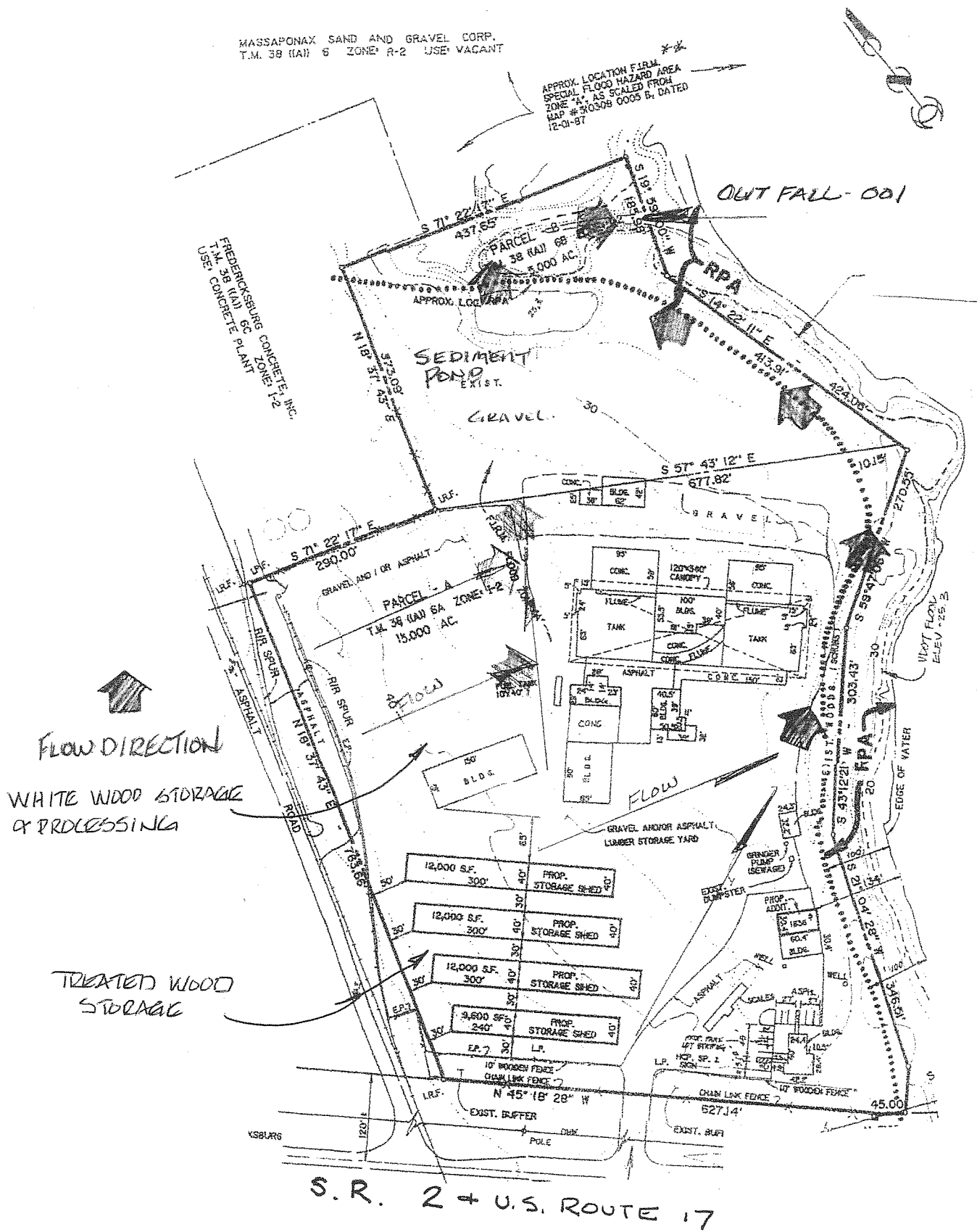
Q X C X A = EST OF RUN OFF IN GALLONS.



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$$1'' = 196 \text{ FT} \pm$$

APPROX. LOCATION FIRM
SPECIAL FLOOD HAZARD AREA
ZONE "A": AS SCALED FROM
MAP #30308 0005 B, DATED
12-01-87



SITE MAP

P80F13

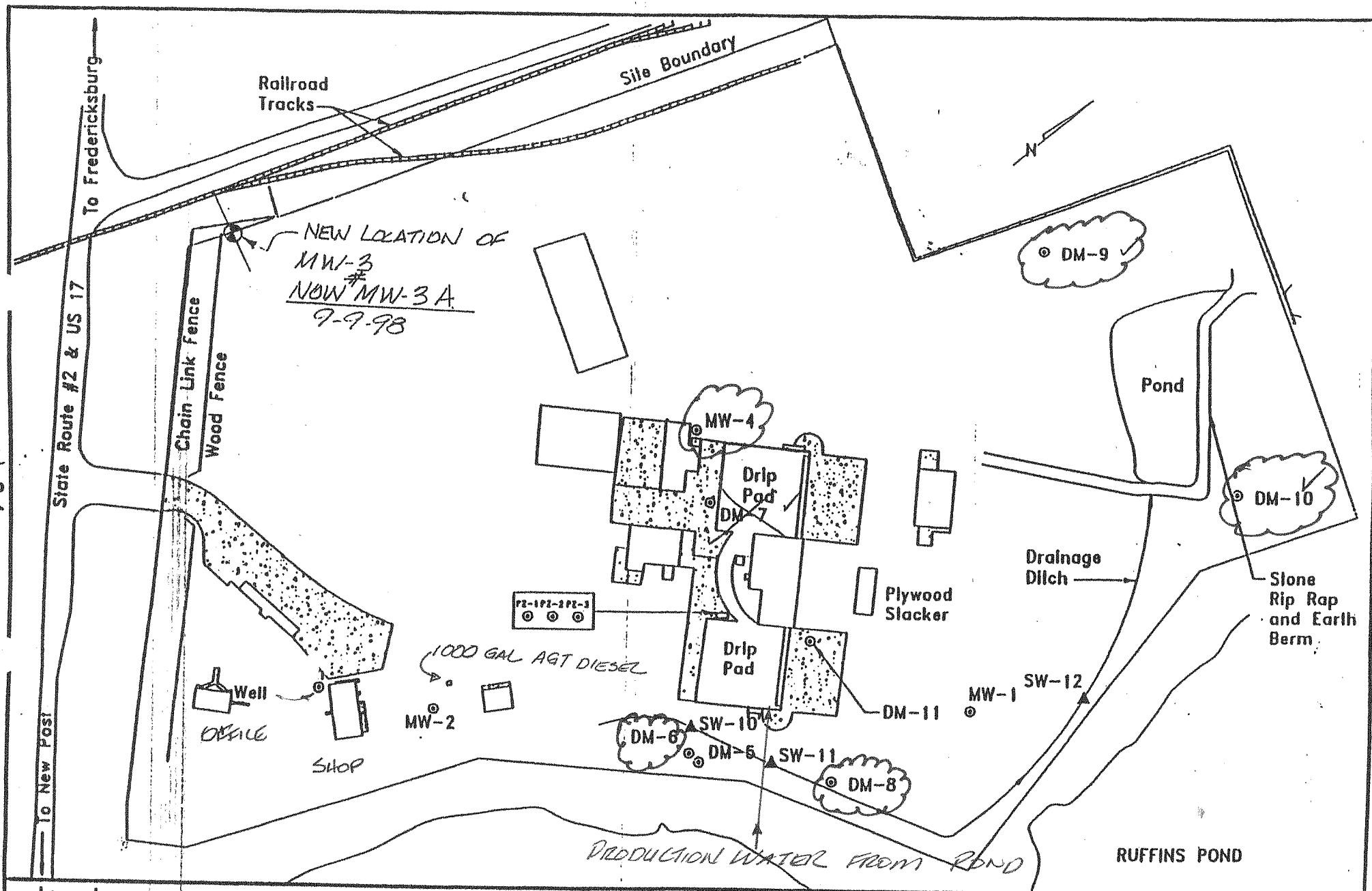
RUFFIN CREEK LLC. WOOD PRESERVERS

VPDES PERMIT # VA0090468

QUARTER 2014	Ph	AMMONIA MG/L	HARDNESS MG/L	COPPER DISS. MG/L	FLOW MGD EST.
1ST	7.4	<0.01	30.9	0.01	0.4
2ND	6.91	0.19	60.6	0.05	0.2
3RD	7	<0.01	25.3	0.01	0.1
4TH	6.1	<0.01	32.6	0.02	0.32

NOTE ALL RUN OFF DATA IS ON e-DMR

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Legend

- Asphalt/Concrete Area
- ⊙ Monitoring Well (MW, DM)
- ▲ Surface Water Sample

Figure 2-1

Monitoring Well

Locations



P100513-



Google earth



VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: RUFFIN CREEK PROPERTIES LLC
CULPETER WOOD PRESERVERS
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Y/N

3. Provide the tax map parcel number for the land where the discharge is located.

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? TM 30-A-6A-B
NONE

5. What is the design average effluent flow of this facility? N/A MGD
For industrial facilities, provide the max. 30-day average production level, include units:

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y N

If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

STORM WATER RUN OFF

____ % of flow from domestic connections/sources

Number of private residences to be served by the treatment works:

____ % of flow from non-domestic connections/sources

7. Mode of discharge: ____ Continuous ☒ Intermittent ____ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

VARIABLE RAINFALL INTENSITY & DURATION

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

____ Permanent stream, never dry

____ Intermittent stream, usually flowing, sometimes dry

____ Ephemeral stream, wet-weather flow, often dry

____ Effluent-dependent stream, usually or always dry without effluent flow

☒ Lake or pond at or below the discharge point

____ Other: _____

9. Approval Date(s):

O & M Manual 2013

Sludge/Solids Management Plan N/A

Have there been any changes in your operations or procedures since the above approval dates? Y N

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Mr. Joseph R. Daniel / President

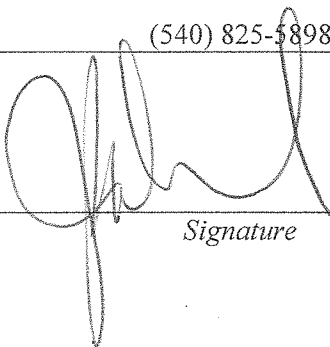
Owner: Culpeper Wood Preservers

Applicant's Address: P.O. Box 1148

Culpeper, VA 22701

Agent's Telephone Number: (540) 825-5898

Authorizing Agent:


Signature

VPDES Permit - VA0090468

Facility Name – Culpeper Wood Preservers (Ruffin Creek)

Please return to:

Susan Mackert
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821

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